

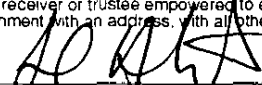


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 8:00 am
Secretary of State

04-30-2007 90840 025 ****61.25

DOCUMENT # N95000005507					
1. Entity Name THE CYPRESS POINTE RESORT II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8651 TREASURE CAY LANE ORLANDO, FL 32836		Mailing Address P.O. BOX 540669 MERRITT ISLAND, FL 32954		66018813 	
2. Principal Place of Business - No PO Box #		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt #, etc.		05212007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3377247	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BECKER & POLIAKOFF, P.A. 2500 MAITLAND CENTER PARKWAY SUITE 209 MAITLAND, FL 32751				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____ DATE _____ <small>Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILTON, RHONDA		NAME	TILTON, RHONDA	
STREET ADDRESS	8651 TREASURE CAY LANE		STREET ADDRESS	8651 TREASURE CAY LANE	
CITY - ST - ZIP	ORLANDO, FL 32836		CITY - ST - ZIP	ORLANDO, FL 32836	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, JOHN		NAME	CARTER, JOHN	
STREET ADDRESS	8651 TREASURE CAY LANE		STREET ADDRESS	8651 TREASURE CAY LANE	
CITY - ST - ZIP	ORLANDO, FL 32836		CITY - ST - ZIP	ORLANDO, FL 32836	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOETZER, AMIE		NAME	SEBENO, MONICA	
STREET ADDRESS	8651 TREASURE CAY LANE		STREET ADDRESS	8651 TREASURE CAY LANE	
CITY - ST - ZIP	ORLANDO, FL 32836		CITY - ST - ZIP	ORLANDO, FL 32836	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			6/13/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		